DOCUMENT RESUME

ED 332 810 PS 019 600

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TITLE Professionals' Standards of "Normal" Behavior with Anatomical Dolls and Factors That Influence These Standards.
SPONS AGENCY American Psychological Association, Washington, D.C.; Department of Justice, Washington, D.C. National Inst. of Justice.
PUB DATE 18 Apr 91
CONTRACT 89-IJ-CX-0040
NOTE 15p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Seattle, WA, April 18-20, 1991).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Standards; *Child Abuse; Comprehension; *Diagnostic Tests; Law Enforcement; Mental Health; *Professional Personnel; *Sexual Abuse
IDENTIFIERS *Anatomically Correct Dolls

ABSTRACT

A total of 201 professionals who work with victims of child sexual abuse were asked to rate the extent to which various behaviors with anatomically correct dolls would be normal for nonabused children between 2 and 5.9 years of age. Subjects were either law enforcement or mental health professionals. Behaviors ranged from such ambiguous behaviors as undressing the dolls, looking at and touching dolls' genitals, and avoiding the dolls, to such highly sexualized behaviors as showing vaginal or anal penetration, showing oral-genital or genital-genital contact, and showing fondling or digital penetration. The majority of subjects agreed that overtly sexual behaviors, such as demonstrating oral-genital contact, were abnormal for nonabused childen. For less obvious behaviors, such as touching the sex parts of dolls, there was considerably less agreement. The ratings of these ambiguous behaviors varied depending on the profession of the subject, sex of the subject, and number of years of experience. Law enforcement professionals, women, and those with the least number of years of experience were more likely than others to view ambiguous behaviors as abnormal. Findings are discussed in the context of past research and directions for future studies. (RH)

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Professionals' Standards of "Normal" Behavior with Anatomical Dolls and Factors that Influence These Standards

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PS 019600

Poster presented at the meetings of Society for Research in Child Development, April 18, 1991, Seattle, WA. Prepared under grant #89-IJ-CX-0040, National Institute of Justice, US Department of Justice. Point of view or opinions in this document are those of the author and do not necessarily reflect the official opinion or policies of the US Department of Justice. Additional support was provided by a dissertation award from the American Psychological Association, and an Association for Women in Science Educational Foundation Award. I would like to thank Barbara Boat, Mark Everson, Sandi Gubin, Anne Giel, Helena Kraemer, and Doug Tackett for their generous assistance at various stages in this project. Requests for reprints can be sent to Kathleen A. Kendall-Tackett, Ph.D., Family Research Laboratory, University of New Hampshire, Durham, NH 03824.

Running Head: STANDARDS NORMAL BEHAVIOR

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Abstract

Do professionals have a consistent standard of what constitutes normal behavior with anatomical dolls? To answer this question, 201 professionals who work with child sexual abuse victims were asked to rate the normalcy of various behaviors with the dolls for nonabused children ages 2-5.9 years. The majority of subjects agreed that overtly sexual behaviors, such as demonstrating oral-genital contact or vaginal intercourse, were abnormal for nonabused children. For less obvious behaviors, such as touching the sex parts of dolls, there was considerably less agreement. The ratings of these ambiguous behaviors varied depending on profession of the subject, sex of the subject, and number of years of experience. Law enforcement professionals, women, and those with the least number of years of experience were more likely to view ambiguous behaviors as abnormal. These findings are discussed in the context of past research, with suggestions for future studies.

Professionals' Standards of "Normal" Behavior with Anatomical Dolls and Factors that Influence These Standards

Assessing suspected victims of child sexual abuse poses many unique challenges. Among them is the need to judge children's behaviors as one form of evidence since children often cannot speak for themselves. The most controversial behaviors that professionals judge are young children's play with anatomical dolls. The guidelines for the American Professional Society on the Abuse of Children (1990) urge caution in the interpretation of behavior with anatomical dolls. These guidelines also indicate that anatomical dolls do not constitute a diagnostic test. Nevertheless, anatomical dolls continue to be a widely used technique with young children.

The underlying assumption of professionals' use of anatomical dolls is that the play of abused children differs from that of nonabused children. To make judgments about whether a child has been abused, professionals must have a standard of how nonabused children play with the dolls, even if they never work with nonabused children. Professionals' assumptions about the play of nonabused children raises two important issues: how do nonabused children actually interact with anatomical dolls, and how do professionals <u>think</u> they interact with the dolls?

The area that has received the most attention is how nonabused children actually use anatomical dolls. Some clinicians have argued that all young children, regardless of their abuse status, will demonstrate sexual acts with the dolls as they

express their unconscious Oedipal desires (Yates, 1987). To answer this claim, researchers have investigated whether nonabused children use anatomical dolls to spontaneously demonstrate sexual acts, such as intercourse or oral-genital contact. Recent studies have documented that the behavior of abused and nonabused children does differ. Most nonabused children (under age 8) did not spontaneously demonstrate sexual acts with anatomical dolls, whereas the children referred for child sexual abuse evaluation did (Jampole & Weber, 1987; Sivan, Schor, Koeppl, & Noble, 1988; White, Strom, Santilli, & Halpin, 1986). In one study, only one out of ten of the non-referred children demonstrated sexual acts whereas nine of the ten children referred for sexual abuse evaluations did (Jampole & Weber, 1987). The presence of highly sexualized behaviors with anatomical dolls appears to be a fairly reliable indicator that abuse has occurred.

An issue that has received relatively little attention is professionals' perceptions of behaviors with anatomical dolls. What professionals think about these behaviors is important because they are the persons making judgments about whether a sexual abuse investigation should proceed. We need to know if professionals' judgments are reliable. Similarly, we need to know what influences these judgments, if anything, so we can identify possible sources of bias and modify our training procedures accordingly. Only one study to date has addressed this issue. Boat and Everson (1988) asked professionals to rate the normalcy of a list of behaviors with anatomical dolls for nonabused children ages 2-5.9 years. Their subjects were CPS workers,

mental health workers, law enforcement officers, and physicians. Boat and Everson found that most professionals in their sample agreed that overtly sexualized behaviors were abnormal for nonabused children. Similarly, most agreed that undressing the dolls was normal. There was disagreement, however, about some of the other ambiguous behaviors. In addition, there was no behavior for which there was unanimous agreement.

Interestingly, profession of the interviewer appeared to be related to ratings of behaviors. Law enforcement officers were more likely to rate touching the breasts of dolls, touching the anal area of dolls, and placing the dolls on top of each other lying down as more abnormal than were professionals from the other three groups. The results of Boat and Everson's study (1988) raise issues about professionals' perceptions, and factors that influence these perceptions. As good as their study was, however, there were some limitations. First, they had a compliance rate of 42%, most likely because they used a self-administered questionnaire. This may have biased their results in unknown ways. Second, they only examined the effect of profession in isolation, and did not statistically control for other factors that might be related to profession. The present study builds on the findings of Boat and Everson by using their list of behaviors and addressing these two issues.

The present study asks professionals who work with child victims of sexual abuse to rate the normalcy of behaviors for nonabused children ages 2-5.9 years (see Table 2 for a listing of behaviors). This study also attempts to account for some of the

differences in ratings by examing four characteristics that might influence whether a behavior seems normal. The factors included are years of experience with children in general, years of experience with child victims of sexual abuse, profession of the subject (mental health vs. law enforcement), and sex of the subject.

With regard to years of experience, Yates and Terr (1988) observed that interviewers were likely to misinterpret children's exploration of the dolls when they lacked experience. Based on their observations, I predict that professionals with fewer years of experience (with children in general or with child victims) are most likely to judge the ambiguous behaviors as abnormal. With regard to sex of the interviewer, one recent study (Jackson & Nuttal, 1990) found that women were more convinced that sexual abuse occurred by ambiguous symptoms than were men. Being convinced by a symptom that sexual abuse occurred is roughly equivalent to saying that it is "abnormal" for nonabused children. Therefore, I predict that women are more likely to view ambiguous symptoms as abnormal than are men. Finally, Boat and Everson (1988) found that law enforcement professionals rated some ambiguous symptoms of abuse as more abnormal than did other professional groups. Therefore, I predict that law enforcement professionals are more likely to find an ambiguous behavior to be abnormal than are mental health professionals.

Method

Subjects

A sample of 201 Boston-area professionals were interviewed by telephone from May to September, 1989. There were 63

males and 138 females with an mean of 10.12 years experience in their professions, 9.4 years working with children in general, and 6.1 years working with child victims of sexual abuse. To be eligible to participate in the study, subjects had to work within a designated geographical catchment area, and had to work with child victims of sexual abuse (12 years old or younger) in either a therapeutic or investigative context. The catchment area consisted of all 38 cities and towns within a 20-mile radius of Boston. Subjects were either law enforcement or mental health professionals. (There was no separate category for CPS workers because much of the investigative work in Massachusetts is done by mental health professionals under contract to the Department of Social Services. There were only six full-time protective workers in this sample.) Once subjects were identified, the recruitment and data collection procedures were identical for all subjects. Each potential subject was contacted at least six times. Subjects who never returned calls after six tries were counted as refusals, and attempts to contact these persons ceased. The subjects in this sample are listed on Table 1.

Insert Table 1 about here

In summary, 74 law enforcement professionals (42 males and 32 females), and 127 mental health professionals participated (21 males and 106 females). Of the 204 who were eligible, three refused, and 201 participated, leading to a compliance rate of 99%.

Questionnaire

The questionnaire was an adaptation of a questionnaire

developed by Boat and Everson (1988). It was a standardized telephone interview that asked about anatomical doll use. For the present analysis, professionals were asked to indicate whether each behavior listed on Table 2 was normal, questionable or abnormal for nonabused children ages 2-5.9 years. Each rating was assigned either a 1, 2, or 3, with higher ratings indicating that the behavior was more abnormal. Subjects were asked to consider children in general, rather than focusing on a specific child.

Analysis

A 4-way ANOVA was conducted for each ambiguous behavior (see Table 2). (ANOVA's were not conducted for the sexualized behaviors since the level of agreement was so high.) The independent variables were the professionals' number of years of experience with children in general (<5, 5-10, >10), number of years experience with child victims of sexual abuse (<5, 5-10, >10), profession (mental health vs. law enforcement), and subjects' sex. The dependent variable was a rating of each behavior. Since the factors were correlated with each other, the regression method of ANOVA was used, which assesses each factor for its independent contribution.

Results

The majority of subjects indicated that overtly sexual behaviors with the dolls were abnormal or questionable for children ages 2-5.9 years (see Table 2). As predicted, there was considerably less agreement on the behaviors that were less overtly sexual.

Insert Table 2 about here

Profession of the subject influenced ratings for touching the anal area of dolls, $F(1,184)=6.06$, $p<.015$. As predicted, law enforcement professionals ($M=1.7$) were more likely to rate this behavior as abnormal than were mental health professionals ($M=1.34$). Similarly, subjects' profession also influenced ratings of placing the dolls on top of each other lying down, $F(1,185)=4.95$, $p<.027$. Again, law enforcement professionals ($M=2.49$) were more likely to rate this behavior as abnormal than were mental health professionals ($M=2.22$).

Experience with child victims influenced ratings for undressing the dolls, $F(2,185)=6.58$, $p<.002$. As predicted, professionals with less than five years of experience ($M=1.05$) were more likely to judge this behavior as abnormal than were professionals with 5-10 years ($M=1.0$), $t(102)=2.38$, $p<.05$, and more than 10 years experience ($M=1.0$), $t(102)=2.38$, $p<.05$. This difference appeared even though most professionals rated this behavior as normal.

Experience with children in general also affected ratings of undressing the dolls, $F(2,185)=4.43$, $p<.013$. The results indicated that professionals with the least amount of experience with children in general ($M=1.00$) were more likely to view a behavior as normal than were professionals with 5-10 years experience ($M=1.05$), $t(64)=1.89$, or more than 10 years ($M=1.03$), $t(69)=1.47$, but none of these differences were significant.

Finally, sex of the subject affected ratings of avoiding the

dolls or acting anxiously, $F(1,184)=4.68$, $p<.032$. As predicted, women ($M=2.18$) found this behavior to be more abnormal than did men ($M=2.0$).

Discussion

The results of the present study indicate that professionals agree that highly sexualized behaviors are abnormal for nonabused children, but do not agree about ambiguous behaviors such as touching the breasts of dolls. When attempting to account for variance in ratings, no clear pattern emerges as to which factors influence ratings of anatomical doll play. Profession and sex of the subject, and years of experience all were related to ratings of some ambiguous indicators.

Subjects' professions influenced ratings of touching the anal area of dolls, and placing the dolls on top of each other lying down, providing results very consistent with those of Boat and Everson (1988). Law enforcement professionals were more likely to view these behaviors as abnormal than were mental health professionals. One possible explanation for these findings is that law enforcement professionals might only interview children who are suspected victims and might be inclined to think that any sexualized behavior is abnormal. On the other hand, mental health professionals are more likely to see children other than those who have been referred for sexual abuse evaluations, and may consider some sexualized behaviors as normal.

Experience with children in general and with child victims influenced ratings of undressing the dolls. These findings are interesting but could be spurious because the amount of variance to be accounted for was so small. Sex of subject affected ratings of

avoiding the dolls or acting anxiously. As predicted, women rated this behavior as more abnormal than did men. This was a predicted effect. Nevertheless, it is difficult to explain. It cannot be attributed to differences in profession since this effect occurred even when profession was held constant. The effects of sex of the subject should be addressed in greater detail in future studies.

The results of the present study indicate that professionals do not agree about the meaning of ambiguous behaviors and that their judgments can be influenced. These differences in perceptions highlight areas where we need better training for professionals. We should be concerned that judgments can be influenced by profession or sex of the subject, or years of experience. To date, training of professionals has tended to concentrate on unbiased presentation of the dolls to children. We have spent much less time telling professionals how to interpret the behaviors they see. Similarly, we have neglected establishing a comprehensive standard of normal behavior with the dolls. Developing this standard may well require more detailed research into how nonabused children actually play with the dolls. Yet this extra work may be necessary if we are to increase the reliability of professionals' judgments.

In conclusion, evaluation of behavioral indicators is an important element of any sexual abuse investigation. We should strive to make these evaluations as bias- and error-free as possible. Identifying areas where professionals disagree about symptoms of abuse, and discovering factors that influence their judgments, are two steps toward attaining this goal.

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Table 1

Subjects in Survey Sample

Profession	Number in Sample
MENTAL HEALTH PROFESSIONALS	
Psychologists	35
Social Workers	66
Psychiatrists	4
Therapists	9
Nurse Clinical Specialists	7
Other Mental Health Professionals	6
LAW ENFORCEMENT PROFESSIONALS	
Law Enforcement Officers	50
Asst. District Attorneys	10
Victim/Witness Advocates	6
Other Law Enforcement Professionals	8

Table 2

Ratings of Behaviors with Anatomical Dolls for Nonabused Children Ages 2-5.9 years.

Child Behavior	Rating		
	Normal	Questionable	Abnormal
	(% of professionals)		
AMBIGUOUS BEHAVIOR			
Undressing the Dolls	97.4	2.6	0
Looking at Dolls' Genitals	77.1	20.3	2.6
Touching Dolls' Genitals	77.6	21.9	.5
Touching Dolls' Anal Area	60.4	31.8	7.8
Touching Dolls' Breasts	75.5	21.4	3.1
Avoiding Dolls	15.7	56.5	27.7
Placing Dolls on Top of Each Other Lying Down	6.8	54.7	38.5
Showing Dolls Kissing	64.6	30.2	5.2
HIGHLY SEXUALIZED BEHAVIOR			
Showing Vaginal Penetration	.5	11.5	88.0
Showing Anal Penetration	0	9.9	90.1
Showing Oral-genital Contact	0	7.8	92.2
Showing Genital-Genital Contact	1.0	16.1	82.8
Showing Fondling/Digital Penetration	3.6	16.7	79.7